BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

SANDRA A. BEBAK, M.D.

Holder of License No. 18834
For the Practice of Allopathic Medicine
In the State of Arizona.

ORDER FOR PROBATION; AND
CONSENT TO THE SAME

Sandra A. Bebak, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 18834 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-17-0347A after receiving a complaint regarding Respondent's care and treatment of three patients alleging inappropriate prescribing.

Patient CE

4. This 20 year-old female patient established care with Respondent on April 23, 2014 for treatment of severe headaches. Respondent prescribed Fioinal and Flexeril. CE returned on April 29, 2014 stating that the medications were not helping, and Respondent prescribed Norco 7.5/325. Respondent continued to prescribe CE Norco at that dose until December 2, 2014, when CE reported a left radial fracture and requested oxycodone 15 mg. CE signed controlled substance agreements on May 19 and October 15, 2015.
5. Respondent continued to prescribe CE oxycodone in escalating dosages, and at an appointment in April, 2016 where it was noted she was receiving oxycodone 15 mg #90 every 8 days. On November 15, 2016, Respondent informed CE by letter that she was being referred to a pain management specialist. Respondent continued to prescribe oxycodone to CE though with regard to an appointment on April 18, 2017, Respondent documented a discussion of increasing pain medications and transfer to pain management.

Patient AW


7. On January 12, 2015, Respondent increased AW’s lorazepam to 2mg #90. On June 16, 2015, AW had an appointment with Respondent for trouble breathing and chronic joint pain. AW signed a controlled substance agreement at that time. On March 8, 2016, Respondent changed AW to oxycodone and by December 18, 2016, AW was taking 12 oxycodone 15mg daily.

8. On January 3, 2017, AW signed a controlled substance agreement, and on April 17, 2017, Respondent provided AW a referral to pain management. AW’s last prescription was written by Respondent on June 3, 2017 for oxycodone 15mg #240.

Patient TA

9. Respondent began prescribing this 46 year-old female lorazepam 1 mg #30 on January 31, 2011 and continued to prescribe lorazepam on an approximate monthly basis until June 4, 2014 when the monthly amount was increased to #80. This again
continued on an approximate monthly basis until October 26, 2015 when Respondent
again increased the dose to 2mg #60, and continued this dose through May 30, 2017.

10. Respondent initiated monthly narcotics for migraine headaches in June of
2012, maintaining TA on a relatively stable dose of hydrocodone until June of 2014 when
she increased TA's dose to hydrocodone to 10/325. The hydrocodone quantity slowly
increased until March of 2016 when Respondent switched TA to oxycodone 10mg #180
and continued to prescribe at that dose through May 26, 2017. TA did see neurology for
headaches in March of 2014 and received botox injections in October of 2014, and
January, May and August of 2015. TA appeared to be compliant with her neurology
appointments. TA entered into a pain agreement on June 16, 2015 and again on
December 8, 2016.

Deviations from the Standard of Care

11. The standard of care for the treatment of non-cancer pain with opioids
requires a physician to review the Controlled Substance Prescription Monitoring Program
("CSPMP") database and perform urine drug testing to monitor for medication compliance.
Respondent deviated from the standard of care in his treatment of CE, TA and AW by
failing to review the CSPMP database and perform urine drug testing.

12. The standard of care for the treatment of non-cancer pain with opioids
requires a physician to avoid prescribing opioids in combination with benzodiazepines.
Respondent deviated from the standard of care by prescribing opioids in combination with
benzodiazepines for patients AW and TA.

13. There was potential for patient harm in that the amount of narcotics
prescribed and narcotic dosing escalated for several years in all three patients, without
obvious evidence of patient benefit, and there was also the potential for narcotic diversion
due to the lack of periodic urine drug monitoring in all three patients. There was also
concern for the opioid and benzodiazepine combination with patients AW and TA.

14. The Board issued Respondent a non-disciplinary Order for Continuing
Medical Education ("CME") in case number MD-14-0616A, requiring Respondent to
complete intensive, in-person CME in controlled substance prescribing. Respondent
timely completed the CME on or about January 17, 2017.

CONCLUSIONS OF LAW

a. The Board possesses jurisdiction over the subject matter hereof and over
Respondent.

b. The conduct and circumstances described above constitute unprofessional
conduct pursuant to A.R.S. § 32-1401(27)(e)("Failing or refusing to maintain adequate
records on a patient.").

c. The conduct and circumstances described above constitute unprofessional
conduct pursuant to A.R.S. § 32-1401(27)(q)("Any conduct or practice that is or might be
harmful or dangerous to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is placed on Probation for a period of 2 years with the following
terms and conditions:

   a. Chart Reviews

      Within 30 days of the effective date of this Order, Respondent shall enter into a
contract with a Board-approved monitoring company to perform periodic chart reviews at
Respondent’s expense. The chart reviews shall involve current patients’ charts for care
rendered after January 17, 2017. Probation shall remain in effect for at least 18 months,
and after two consecutive favorable chart reviews, Respondent may petition the Board to
terminate the Probation. Based upon the chart review, the Board retains jurisdiction to
take additional disciplinary or remedial action.

b. Obey All Laws

Respondent shall obey all state, federal and local laws, all rules governing the
practice of medicine in Arizona, and remain in full compliance with any court ordered
criminal probation, payments and other orders.

c. Tolling

In the event Respondent should leave Arizona to reside or practice outside the
State or for any reason should Respondent stop practicing medicine in Arizona,
Respondent shall notify the Executive Director in writing within ten days of departure and
return or the dates of non-practice within Arizona. Non-practice is defined as any period of
time exceeding thirty days during which Respondent is not engaging in the practice of
medicine. Periods of temporary or permanent residence or practice outside Arizona or of
non-practice within Arizona, will not apply to the reduction of the probationary period.

d. Probation Termination

Prior to the termination of Probation, Respondent must submit a written request to
the Board for release from the terms of this Order. Respondent's request for release will
be placed on the next pending Board agenda, provided a complete submission is received
by Board staff no less than 30 days prior to the Board meeting. Respondent's request for
release must provide the Board with evidence establishing that she has successfully
satisfied all of the terms and conditions of this Order. The Board has the sole discretion to
determine whether all of the terms and conditions of this Order have been met or whether
to take any other action that is consistent with its statutory and regulatory authority.
2. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(r).

DATED AND EFFECTIVE this [14th] day of June, 2018.

ARIZONA MEDICAL BOARD

By [Signature]
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges she has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.
6. Upon signing this agreement, and returning this document (or a copy thereof) to the Board’s Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

7. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner’s Data Bank and on the Board’s web site as a disciplinary action.

8. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.

9. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board’s consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

10. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter.") and 32-1451.

11. Respondent acknowledges that, pursuant to A.R.S. § 32-2501(16), she cannot act as a supervising physician for a physician assistant while her license is on probation.

12. **Respondent has read and understands the conditions of probation.**

(Signature)

**DATED:** 4/24/18

SANDRA A. BEBAK, M.D.
EXECUTED COPY of the foregoing mailed this 14th day of June, 2018 to:

Sandra A. Bebak, M.D.
Address of Record

ORIGINAL of the foregoing filed this 14th day of June, 2018 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

[Signature]
Board Staff